## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**263-034887** 

DO NOT WRITE ON THIS STUB		AMEND	€D	<u> </u>	gistration District No		nery Regis	mation Distr	rict No	76Registrar's No	۷. ــــــــــــــــــــــــــــــــــــ			FILE NU	
				7	PLACE OF DEATH EP	1 0 1963				2. USUAL RESIDE		•	ed. If inst	itution:	Residence before
VS 300	ᇣ			l	a. COUNTY	Vernon				a. STATE Mis	souri	b. COUNTY	_ Vern	on	edmission)
Rev. 4/59					OR `	rporate limits, give TOWN	SHIP only	) Len	gth of stay in 1b	II C. CHY.		-			Inside Limits
14	3		1	-		vada				OR	Rich	erds			Yes No [
1/085	DATE AMENDED	\ <b>\</b>	1 1	1	HOSPITAL OR	NOT in hospital, give local	-		Inside Limits	d. STREET ADDRESS		(If cutside,	give locatio	n)	Reside on Ferm
21080-	. A			l —	INSTITUTION	Tate Nursi	ng Ho	ome	Yes No	<u></u>					Yes   No
3		$\sqcap$	$\Box$	3	. NAME OF DECEASED (Type or print)	First		Middl	le .	Lost	4. DA		nth	Day	Year
_				l		HATTIE		MAY	WE	LCH	DEA	<sup>th</sup> Augi	ust	29	1963
4 1			1	5	. SEX	6. COLOR OR RACE		rried1	Never Married   Divorced	8. DATE OF BIRTH	·	E-(last blirthday)	IF UNDER	YEAR Days	IF UNDER 24 HR Hours Min.
5 4		11			ī.	Wh		- <del>-</del>		5-22-1876			1	1	
6	ပ္ပ	1		10		(Give kind of work done ng life, even if retired)			-	Y 11. BIRTHPLACE			1.	ZEN OF 1	WHAT COUNTRY
	≶ا	'		-12	HOUSEWITE			<u>)wn hoi</u>	TIE R'S MAIDEN NAN		field	Missou	HISBAND C	USA DR WIFE	3-22-1962
<sup>7</sup> 0	FOLLOW			,,	David Repa	0.00			ara Rober			Burton 1			
8 2				15	. WAS DECEASED EVER	IN U.S. ARMED FORCES?			L SECURITY NO.	17. INFORMANT		Durton 1	Address	_pec	essee
	¥			(Y	es, no, es unknown) (If	yes, give war or dates of	serv			Richie W	elch	Deer	field,	Mis	gouri
9420.1	ARE			$\vdash$		(Enter only one cause per DEATH WAS CAUSED BY:		ej, (u), enu	(c).	1 142 011 10	<u></u>	<u> </u>		INI	TERVAL BETWEEN
10 1	- 1				PARI I.	IMMEDIATE CAUSE (a)				infarction	with	heart b	lock	,	ll da
11	8 6		DOCUMENT			MAMEDIATE, CAUSE (4)								1	
126/	HIS REC		2		Conditio	ns, if any, ) DUE TO (E	) <u>Ar</u>	terios	clerotic	& hyperten	sive	cardiova	scular	<u>u</u>	nknown
1286-0		[		i I	above (	ave rise to cause (a),	di	sease						- 1	
	╒┝═	1 1	$\forall$												
13 /-0	_ \			ŀ	lying c	the under- ause last. DUE TO (			<u> </u>			<del></del> _		$\perp$	
13 /7	8			8	lying c	ause last.] DUE TO (4 . OTHER SIGNIFICANT C	ONDITIO	NS CONTRI	BUTING TO DEA	[H but not related t	to the term	ninal PART		Ceased a pregnar	was female was
, ,	~			CATION	lying co PART II.	ause last.] DUE TO (c . OTHER SIGNIFICANT C . disease condition given	ONDITIO	NS CONTRI (a)	BUTING TO DEA	TH but not related t	to the term	ninel PART		pregnar	ncy in last 90 days.
, ,	~			RTIFICATION	PART II.  Diabet  19. WAS AUTOPSY	ause last.] DUE TO (4 . OTHER SIGNIFICANT C	ONDITION PART I	(a)		TH but not related to			there s	pregnar	No Unknown
, ,	~			L CERTIFICATION	PART II.  Diabet	ause last. DUE TO (c . OTHER SIGNIFICANT C disease condition given to	ONDITION PART I	(a)					there s	pregnar	No Unknown
, v	~				PART II.  Diabet  19. WAS AUTOPSY	ause last. DUE TO (c . OTHER SIGNIFICANT C disease condition given to	ONDITION PART I	(a)					there s	pregnar	No Unknown
Z	AMENDMENTS ON			MEDICAL CERTIFICATION	PART II.  Diabet  19. WAS AUTOPSY PERFORMED? YES NO HOUT INJURY HOUT INJURY a.m. p.m.	OTHER SIGNIFICANT C disease condition given les Mellitus  20a. ACCIDENT SUICID Month, Day, Year	ONDITION PART I	(a)	20ъ. DESCRIBE HC	W INJURY OCCURRE	D. (Enter n	ature of injury in	there is	PART II	ncy in last 90 days.  No Unknown of item 18.)
Z	~				Diabet  19. WAS AUTOPSY PERFORMED? YES NO PINJURY S.m. P.m. 20d. INJURY OCCURRE	OTHER SIGNIFICANT C disease condition given be Mellitus  20a. ACCIDENT SUICID Month, Day, Year  ED 20a. PLACE	ONDITION PART I	(a)	or about home,		D. (Enter n	ature of injury in	there s	PART II	No Unknown
K INK RIBBON	AMENDMENTS				PART II.  Diabet  19. WAS AUTOPSY PERFORMED? YES NO HOUT INJURY HOUT INJURY a.m. p.m.	OTHER SIGNIFICANT C disease condition given be Mellitus  20a. ACCIDENT SUICID  Month, Day, Year  ED 20e. PLACE farm, 1	ONDITION IN PART I  E HOM [ OF INJU	RY (e.g., in	or about home,	W INJURY OCCURRE	D. (Enter n	oture of injury is	PART I or	PART II	of item 18.)  STATE
K INK RIBBON	AMENDMENTS				Diabet  19. WAS AUTOPSY PERFORMED? YES NO PINJURY S.m. P.m. 20d. INJURY OCCURRE	OTHER SIGNIFICANT C disease condition given les Mellitus  20a. ACCIDENT SUICID  Month, Day, Year  ED 20e. PLACE farm, 6  Coessed from March	ONDITION IN PART I  E HOM [ OF INJU	RY (e.g., in	or about home, bldg., etc.)	20f. CITY, TOWN, C	D. (Enter n	ON her alive on	PART I or	PART II	ncy in last 90 days.  No Unknown of item 18.)  STATE
K INK RIBBON	AMENDMENTS				PART II.  Diabet  19. WAS AUTOPY PERFORMED? YES NO PL  20c. TIME OF Hour INJURY OCCURRE WHILE AT WORK NOT WHILE AT W	ADDRESS OF PLACE  MORK   DORE TO (1)  OTHER SIGNIFICANT CO disease condition given    ADDRESS OF PLACE farm, 1)	ONDITION IN PART I  E HOM [ OF INJU	RY (e.g., in	or about home, bidg., etc.)	20f. CITY, TOWN, C	D. (Enter n	ON her alive on	PART I or	PART II	of item 18.)  STATE  963  auses stated.
K INK RIBBON	AMENDMENTS		OF		PART II.  Diabet  19. WAS AUTOPSY PERFORMED? YES NOT HOUT INJURY A.m. p.m.  20d. INJURY OCCURRE WHILE AT WORK NOT WHILE AT W	OTHER SIGNIFICANT C disease condition given les Mellitus  20a. ACCIDENT SUICID  Month, Day, Year  AVORK D  20e. PLACE farm, 1  Ceessed from March  3:15 P.M.	ONDITION OF INJURACTORY, at 1958	RY (e.g., in reet, office	or about home, bidg., etc.)	20f. CITY, TOWN, Compared to the stated above, 22b. ADDRESS	D. (Enter n	ON  her alive on best of my kno	COUNTY  Aug 2  owledge, from	PART II	of item 18.)  STATE  963  22c. DATE SIGNED
BLACK INK OR RITER RIBBON	~			MEDICAL	Diabet  19. WAS AUTOPY PERFORMEDY YES NO PROPERTORY 20c. TIME OF INJURY 20d. INJURY OCCURRE WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK 21. 1 attended the dec Death occurred at 22a. SIGNATURE	OTHER SIGNIFICANT C disease condition given les Mellitus  20a. ACCIDENT SUICID  Month, Day, Year  Amonth, Day, Year  20e. PLACE farm, 6  Coessed from March  3:15 P.M.	ONDITION OF INJURACTORY, at 1958	RY (e.g., in rest, office	or about home, bldg., etc.)	201. CITY, TOWN, Compared to the stated above, 22b. ADDRESS Moore Bui	D. (Enter of D. Control of D.	ON  her alive on how how known we best of my known kno	COUNTY  Aug 2  owledge, from	PART II	of item 18.)  STATE  963  auses stated.
K INK RIBBON	SHOULD READ			MEDICAL	Iving compared to the part II.  Diabet  19. WAS AUTOPSY PERFORMEDSY PERFORMEDS	OTHER SIGNIFICANT C disease condition given les Mellitus  20a. ACCIDENT SUICID  Month, Day, Year  AND ACCIDENT SUICID  MONTH, Day, Year  ED 20e. PLACE farm, 6  Coessed from March  3:15 P.M.  (Dec. 1963	OF INJURACTORY, at 1958	RY (e.g., in reet, office:	or about home, bldg., etc.)	204. CITY, TOWN, C  29. 1963 and date stated above,  22b. ADDRESS  Moore Buil	D. (Enter no D. (E	ON  her alive on him alive on her him alive on her him alive on hor him alive on him alive on him alive or hi	COUNTY  Aug 2  owledge, from	PART II  Y  29 1	of item 18.)  STATE  963  auses stated.  22c. DATE SIGNED 8-31-63
K INK RIBBON	NO.   SHOULD READ			WEDICAL	PART II.  Diabet  19. WAS AUTOPSY PERFORMED? YES □ NO-1  20c. TIME OF INJURY P.m.  20d. INJURY OCCURRE WHILE AT WORK NOT WHILE AT W  21. 1 attended the dec Death occurred at  22a. SIGNATURE  22a. SIGNATURE  BURIAL, CREMATION REMOVAL (Specify)  BURIAL SIGNATURE	OTHER SIGNIFICANT C disease condition given les Mellitus  20a. ACCIDENT SUICID  Month, Day, Year  PORK   20e. PLACE farm, work   20e. PLACE farm, work   20e. PLACE farm, work   226. SATE 1963  September 1	ONDITION OF INJUING FACTORY, at 1958	RY (e.g., in reet, office:	or about home, bldg., etc.)	204. CITY, TOWN, C  29. 1963 and date stated above,  22b. ADDRESS  Moore Buil	D. (Enter of local) and last saving and to the local l	ON  her alive on how how known we best of my known kno	COUNTY  Aug 2  owledge, from  wn, or county	PART II	state  STATE  963  22c. DATE SIGNED 8-31-63 (State)  Missouri
K INK RIBBON	SHOULD READ		BY AFFIDAVIT OF	WEDICAL	Iving compared to the part II.  Diabet  19. WAS AUTOPSY PERFORMEDSY PERFORMEDS	OTHER SIGNIFICANT C disease condition given less Mellitus  20a. ACCIDENT SUICID  Month, Day, Year  PORK   20e. PLACE farm, work   20e. PLACE farm, work   20e. PLACE farm, work   20e. PLACE farm, work   236. DATE 1963  September 1	ONDITION OF INJUINATION OF INJUINATI	RY (e.g., in reet, office:	or about home, bldg., etc.)	201. CITY, TOWN, CO.  29. 1963 and date stated above,  22b. ADDRESS  Moore Buil	D. (Enter of local) and last saving and to the local l	on her alive on how him alive on how known to hear of my known to hear of my known to hear of the hear	COUNTY  Aug 2  owledge, from  wn, or county	PART II	of item 18.)  STATE  963  auses stated.  22c, DATE SIGNED  8-31-63  (State)

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I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

working under my personal supervision. Student\_ Signature of Student Embalmer

Licensed Embalmer No. 49% 0

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

化砂锅鞋 经净值额